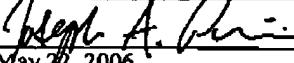


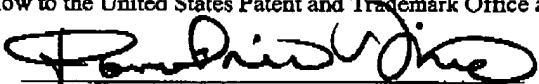
RECEIVED
CENTRAL FAX CENTER

MAY 22 2006

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Patent Number: 7,036,085
		Issue Date: April 25, 2006
		Application Number: 10/007,387
		Filing Date: October 22, 2001
		First Named Inventor: Barbara L. BARROS
		Group Art Unit: 2173
		Examiner Name: BONSHOCK, Dennis G.
Total Number of Pages in This Submission	2	Attorney Docket Number: 036607-007

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Joseph A Parisi Reg. No. 53,435 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	May 22, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
<input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300	
 Signature Domitria Vieira Typed or printed name	
May 22, 2006 Date	

RECEIVED
CENTRAL FAX CENTER

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number:	7,036,085	MAY 22 2006
	Issue Date:	April 25, 2006	
	Application Serial No.	10/007,387	
	Filing Date:	October 22, 2001	
	First Named Inventor:	Barbara L. BARROS	
	Art Unit	2173	
	Examiner Name	BONSHOCK, Dennis G.	
	Attorney Docket Number:	036607-007	

To: Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent.

The reasons for this request are:

The Client is handling the case and all related cases.

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

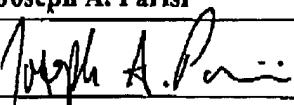
<input type="checkbox"/> Customer Number	→	Place Customer Number Bar Code Label Here
--	---	---

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Barbara L. Barros				
Address	389 Beacon Street				
Address	# 8				
City	Boston	State	Massachusetts	Zip	02116
Country	U.S.A.				
Telephone	617-437-0503		e-mail	bbarros@stratav.com	

This request is made on behalf of myself and
 all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number 22204

This request is enclosed in triplicate (including any attachments).

Name	Joseph A. Parisi	Registration No. 53,435
Signature		
Date	May 22, 2006	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.